

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584 428

FILING DATE

6.22.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18	1					
19		1				
20		2				
21		3				
22		4				
23		5				
24		6				
25		7				
26		8				
27		9				
28		10				
29		11				
30		12				
31		13				
32		14				
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43		25				
44		26				
45		27				
46		28				
47		29				
48		30				
49		31				
50		32				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						